

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 07-JUN-2010		TIME 00:15:00		2 ADDRESS OF OCCURRENCE 1430 W 83RD ST CHICAGO, IL 00838		3 LOCATION CODE 280		4 BEAT CODE 0713								
MEMBER INVOLVED	5 POSITION 9171		6 LAST NAME JOSEPHS		7 FIRST NAME PATRICK R		8 STAR NO 1448		9 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10 RACE CODE BLK		11 HT 804		12 WT 235	
	14 (DATE OF APPL) 25-OCT-2004		15 EMPLOYEE NO		16 UNIT & BEAT OF ASSIGNMENT 007 0701		17 DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	20 LAST NAME SHIELDS		21 FIRST NAME ALAN		22 MI		23 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		24 RACE BLK		25 DOB 21-JUN-1984		26 HT 508		27 WT 157	
SUBJECT INFORMATION	28 ADDRESS 1538 S AUSTIN BLVD CHICAGO, IL				29 TELEPHONE NO		30 WAS SUBJECT ARMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				31 SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? HOLY CROSS HOSPITAL				34 BY WHOM?		35 CONDITION <input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Unconscious		36 INJURY TYPE <input type="checkbox"/> Bruise <input type="checkbox"/> Laceration <input type="checkbox"/> Other		37 INJURY TYPE <input type="checkbox"/> Bruise <input type="checkbox"/> Laceration <input type="checkbox"/> Other		38 INJURY TYPE <input type="checkbox"/> Bruise <input type="checkbox"/> Laceration <input type="checkbox"/> Other		39 INJURY TYPE <input type="checkbox"/> Bruise <input type="checkbox"/> Laceration <input type="checkbox"/> Other	
	36 CHARGES PLACED				37 CHARGES PLACED		38 CHARGES PLACED		39 CHARGES PLACED		40 CHARGES PLACED		41 CHARGES PLACED		42 CHARGES PLACED	
***** PLEASE SEE NEXT PAGE *****																
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAULT: BATTERY		ASSAULT: BATTERY		ASSAULT: BATTERY		ASSAULT: BATTERY		ASSAULT: BATTERY		ASSAULT: BATTERY	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW BLOW		KNEE BLOW		KICK		IMPACT WEAPON		IMPACT WEAPON		IMPACT WEAPON	
	VERBAL COMMANDS		TAKE DOWN / EMERGENCY HANDCUFFING		CLOSED HAND STRIKE/PUNCH		KICK		KICK		IMPACT WEAPON		IMPACT WEAPON		IMPACT WEAPON	
	EPCOT HOLE		DD CHEMICAL WEAPON		IMPACT WEAPON		KICK		KICK		IMPACT WEAPON		IMPACT WEAPON		IMPACT WEAPON	
CASE INFO.	41 WEAPON TYPE		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44 WEATHER CONDITIONS		45 WEATHER CONDITIONS		46 WEATHER CONDITIONS		47 WEATHER CONDITIONS		48 WEATHER CONDITIONS	
	01 REVOLVER		Indoors		01 Daylight		CLEAR		CLEAR		CLEAR		CLEAR		CLEAR	
	02 RIFLE		Outdoors		02 Night		CLEAR		CLEAR		CLEAR		CLEAR		CLEAR	
SIGNATURES	49 TASER DART ID NO.		50 WEAPON SERIAL NO.		51 CHICAGO GUN REG. NO.		52 IL FIREARM OWNER ID NO.		53 HANDGUN CERTIFICATE NO.		54 SPECIAL WEAPON CERTIFICATE NO.		55 PROPERTY INVENTORY NO.		56 TYPE OF AMMUNITION USED	
	57 WHO FIRED FIRST SHOT		58 WAS FIREARM RELOADED DURING INCIDENT		59 NO OF CARTRIDGES/ SHOT SHELLS RELOADED		60 HOW WAS MEMBER'S HANDGUN WORN		61 DID MEMBER USE SIGHTS		62 DID MEMBER USE SIGHTS		63 DID MEMBER USE SIGHTS		64 DID MEMBER USE SIGHTS	
	65 HOW WAS MEMBER'S HANDGUN DRAWN		66 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		68 POSITION OF MEMBER DISCHARGING WEAPON		69 POSITION OF MEMBER DISCHARGING WEAPON		70 POSITION OF MEMBER DISCHARGING WEAPON		71 POSITION OF MEMBER DISCHARGING WEAPON		72 POSITION OF MEMBER DISCHARGING WEAPON	
73 NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																
74 REPORTING MEMBER (Print Name) JOSEPHS, PATRICK R 07-JUN-2016 04:35:25																
75 REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D																

LIEUTENANT OR ABOVE/OCIC REVIEW

THE LIEUTENANT COMMANDER (LDC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIRE ARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE BEHIND INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MINUTEMAN BY A DEPARTMENT MEMBER, 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT OR INCIDENTS THEREIN THROUGHOUT

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

76 MINUTEMAN STATEMENT REGARDING THE USE OF FORCE

☐ SNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Briefly Reason)

77 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as presented this R/Lt believes that the officer followed all department policies, procedures, and the use of force according to the law.

77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO. OR NO. OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED

TIME

08-JUN-2016 01:57:02

79 TOTAL TRIP THIS EVENT NO

3